

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. MATT ROSENDALE FOR MONTANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Mailing Address 1954 HWY 16

City	State	Zip Code
GLENDIVE	MT	59330

Transaction ID : SB23.43343Purpose of Disbursement
Political Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

MATT ROSENDALECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MT District: 00

Full Name (Last, First, Middle Initial)

B. MILTON WOLF FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Transaction ID : SB23.43629Purpose of Disbursement
Political Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

23000.00